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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	Torized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MI Planned Parenthoo	od Votes		
ADDRESS (number and street)	115 W. Allegan St.		
▼ Check if different	Ste. 500		
than previously reported. (ACC)	Lansing		MI 48933 -
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00568931		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Floation	n on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	X General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		n on 11 08	in the State of MI
5. Covering Period 1	0 20 2016	through 11	28 2016
I certify that I have examined t	his Report and to the best of McGaughey, Libby, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasur	er		
Signature of Treasurer	Gaughey, Libby, , ,	[Electronically Filed]	Date 12 / 02 / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
NOTE: Submission of false, erro	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
N	MI Planned Parenthood Votes		
R	Report Covering the Period: From:	10 20 / 2016 To:	11 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		33776.11
	(b) Cash on Hand at Beginning of Reporting Period	133776.11	
	(c) Total Receipts (from Line 19)	0.00	100000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	133776.11	133776.11
7.	Total Disbursements (from Line 31)	131674.39	131674.39
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2101.72	2101.72
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

MI Planned Parenthood Votes

20 10 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 100000.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 100000.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 100000.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 100000.00 12, 13, 14, 15, 16, 17, and 18(c))....... 0.00 20. Total Federal Receipts 0.00 100000.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I Gllod	Calcillai Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4	7 7 7		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures		0.00		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	0.00	0.00		
I. Independent Expenditures (use Schedule E)	131674.39	131674.39		
5. Coordinated Party Expenditures	131074.39	131674.39		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
•	4 4			
. Loan Repayments Made	0.00	0.00		
. Loans Made		0.00		
. Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	3.00			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	7 7 7	1 1 1 1 1 1 1 1		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
. Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Fodoral Floation Activity (FO. H.C.O. S. 2010)	1(20))	4 4		
 Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity 	1(20))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
		4 4		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid				
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	131674.39	131674.39		
	10101.1100	.01011100		
. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	131674.39	131674.39		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	100000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	100000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

TEMIZED INDEPENDENT EXPENDITURES				PAGE 6 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee Community Organizing Group		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1110 Vermont Ave. NW			Δ	10 21 2016
#300			All	ount
City	State	Zip Code		10428.48
Washington	DC	20005		ansaction ID : SE.4196 te of Disbursement or Obligation
Purpose of Expenditure canvass expenses		Category/ Type		10 20 / 2016
Name of Federal Candidate:		X Support	Office So	ught: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Pre	
Calendar Year-To-Date Per Election for Office Sought		10428.48	Disbursen 2016	nent For:
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Community Organizing Group				10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave. NW			Am	ount
#300	T		г	
City Washington	State	Zip Code 20005		4055.52 ansaction ID : SE.4206 te of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office So	ught: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		17719.14	Disbursen	1
				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				14484.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	Electronically File	ed1	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 7 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M - M / D - D / Y - Y - Y - Y
Full Name of Payee Community Organizing Group		☐ Memo	Item Da	ate of Public Distribution/Dissemination
, , , ,				10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave. NW			Aı	mount
#300	0.1-1-	7: 0 - 1 -	— г	4055.52
City Washington	State	Zip Code 20005		4055.52 ransaction ID : SE.4213
Purpose of Expenditure				ate of Disbursement or Obligation
canvass expense		Category/ Type		10 22 2016
Name of Federal Candidate:		X Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Pr	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	22893.69	Disburse 2016	ment For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Community Organizing Group				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 1110 Vermont Ave. NW				
#300			Ai	mount
City	State	Zip Code	ļ	4731.44
Washington	DC	20005		ransaction ID : SE.4220 ate of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		10 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pr	esident Senate State: MI
Calendar Year-To-Date		4731.44		ment For: Primary General
Per Election for Office Sought	7	4101.44	2016	Other (specify) ▶
			-	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	8786.96
(a) SUBTOTAL of Unitemized Independent Expenditur	res		. Г	
(a) COLIC ME OF CHICAMETER MASPERIACINE Experialism				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	[Electronically File	led1 –	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 12	02 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MI Planned Parenthood Votes C00568931 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Community Organizing Group 10 25 2016 Mailing Address 1110 Vermont Ave. NW Amount #300 State Zip Code 3765.84 City DC 20005 Transaction ID: SE.4225 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 10 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , MI Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 8497.28 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Community Organizing Group 2016 26 10 Mailing Address 1110 Vermont Ave. NW Amount #300 4248.64 City State Zip Code Transaction ID: SE.4235 Washington DC 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 25 2016 10 Type Name of Federal Candidate: x Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 30303.65 2016 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 8014.48 (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. McGaughey, Libby, , , [Electronically Filed] 02 2016 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Community Organizing Group				10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave. NW			Amo	ount
#300 City	State	Zip Code		2800.24
Washington	DC	20005		nsaction ID : SE.4242
Purpose of Expenditure canvass expense		Category/ Type	Date	e of Disbursement or Obligation 10 26 2016
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	Y Pres	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	34257.12	Disbursem 2016	ent For:
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Community Organizing Group				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 1110 Vermont Ave. NW			Amo	ount
#300	T -			
City Washington	State	Zip Code 20005		3765.84 Insaction ID : SE.4250 e of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type	Date	10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pres	ident Senate State:
Calendar Year-To-Date Per Election for Office Sought		38928.92	Disbursem 2016	ent For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [6566.08
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	Electronically File	ed1	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y T Y T Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Community Organizing Group				M M / D D / Y Y Y Y
Mailing Address 1110 Vermont Ave. NW				10 29 2016
#300			Ar	mount
City	State	Zip Code		3958.96
Washington	DC	20005	I	ransaction ID : SE.4259
Purpose of Expenditure canvass expense		Category/ Type		ate of Disbursement or Obligation 10 28 2016
Name of Federal Candidate:			0111	
CLINTON, HILLARY RODHAM, , ,		Support Oppose	Office So	
		Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	64211.76	Disburse 2016	ment For:
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Community Organizing Group				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave. NW				10 00 2010
#300			Ar	mount
City	State	Zip Code		3862.40
Washington	DC	20005		ransaction ID : SE.4266 ate of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y Y
Canvass Expense		Type	_ _	10 29 2016
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		20100 01	Disburse	ment For: Primary 🗶 General
Per Election for Office Sought	7 7	69166.64	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				7821.36
(a) SUBTOTAL of Unitemized Independent Expenditur	es		. ▶	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	Electronically Fil	odl	M = M	/ D = D / Y = Y = Y
Signature	ъжиопишу ЕП	eaj Date	12	02 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MI Planned Parenthood Votes C00568931 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Community Organizing Group 11 01 2016 Mailing Address 1110 Vermont Ave. NW Amount #300 State Zip Code 2607.10 City DC 20005 Transaction ID: SE.4271 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 10 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 72230.94 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Community Organizing Group 02 2016 Mailing Address 1110 Vermont Ave. NW Amount #300 5117.68 City State Zip Code Transaction ID: SE.4278 Washington DC 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 01 2016 11 Type Name of Federal Candidate: x Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 78829.50 2016 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 7724.78 (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. McGaughey, Libby, , , [Electronically Filed] 02 2016 Date Signature

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OF

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PAGE 12 OF 29 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MI Planned Parenthood Votes C00568931 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Community Organizing Group 11 03 2016 Mailing Address 1110 Vermont Ave. NW Amount #300 State Zip Code 5697.04 City DC 20005 Transaction ID: SE.4283 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 02 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 85201.54 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Community Organizing Group 2016 04 Mailing Address 1110 Vermont Ave. NW Amount #300 5890.16 City State Zip Code Transaction ID: SE.4288 Washington DC 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 03 2016 11 Type Name of Federal Candidate: x Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 91720.80 2016 Per Election for Office Sought Other (specify) ▶ 11587.20 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. McGaughey, Libby, , , [Electronically Filed] 02 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Community Organizing Group				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave. NW				11 05 2016
#300			Am	nount
City	State	Zip Code		6179.84
Washington	DC	20005		ansaction ID : SE.4293
Purpose of Expenditure		Catagony	Da	te of Disbursement or Obligation
canvass expense		Category/ Type		11 04 2016
Name of Federal Candidate:		X Support	Office So	ught: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Pre	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		98680.27	Disburser 2016	
Edit Name of Davis			Da	Other (specify)
Full Name of Payee Community Organizing Group		∐ Memo	Item Da	te of Public Distribution/Dissemination
				11 06 2016
Mailing Address 1110 Vermont Ave. NW			Am	nount
#300	04-4-	7:- O-1-	— г	7333.56
City Washington	State	Zip Code 20005		ansaction ID : SE.4298 te of Disbursement or Obligation
Purpose of Expenditure		Category/	Da	M M / D D / Y Y Y Y
canvass expense		Type		11 05 2016
Name of Federal Candidate:		x Support	Office So	ught: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	sident Senate State:
Calendar Year-To-Date		106722.36	Disburser	nent For: Primary 🕱 General
Per Election for Office Sought	7-1-1-5-	100722.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				13513.40
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	Electronically Fil	odl	M = M	/ D D / Y D Y T Y T Y
Signature	гиси опичину 1° Ш	Date	12	02 2016

PAGE 14 OF 29 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MI Planned Parenthood Votes C00568931 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Community Organizing Group 07 2016 Mailing Address 1110 Vermont Ave. NW Amount #300 State Zip Code 3186.48 City DC 20005 Transaction ID: SE.4303 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 06 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 110634.69 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Community Organizing Group 08 2016 Mailing Address 1110 Vermont Ave. NW Amount #300 7688.90 City State Zip Code Transaction ID: SE.4308 Washington DC 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 2016 11 Type Name of Federal Candidate: x Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 118770.22 2016 Per Election for Office Sought Other (specify) ▶ 10875.38 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. McGaughey, Libby, , , [Electronically Filed] 02 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Community Órganizing Group				11 08 2016
Mailing Address 1110 Vermont Ave. NW			Λr	nount
#300				nount
City	State	Zip Code		3186.48
Washington	DC	20005	I	ransaction ID : SE.4312 ate of Disbursement or Obligation
Purpose of Expenditure canvass expense	,	Category/ Type		11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sc	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	MI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11683.76	Disburser 2016	ment For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Mission Control				10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 N. Fort Meyer				10 21 2010
St. 1105			Ar	nount
City	State	Zip Code		1449.45
Arlington	VA	22209	I	ransaction ID : SE.4200 ate of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 006	3	10 20 7 2016
Name of Federal Candidate:		x Support	Office Sc	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		11877.93	1	ment For: Primary General
Per Election for Office Sought	T T -		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	4635.93
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		• •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee Mission Control		☐ Memo	Item Date	e of Public Distribution/Dissemination
				10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 N. Fort Meyer			Ame	ount
St. 1105		T =		500.00
City	State	Zip Code	Tro	523.80 nsaction ID : SE.4208
Arlington	VA	22209		e of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 006	3	10 21 7 2016
Name of Federal Candidate:		X Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		18242.94	Disbursem	
				Other (specify)
Full Name of Payee Mission Control		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address				10 23 7 2016
1901 N. Fort Meyer			Amo	ount
St. 1105	State	Zip Code	— г	516.38
Arlington	VA	22209		ansaction ID : SE.4215 e of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 006		10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fodoval Condidates				
Name of Federal Candidate:		✗ Support	Office Sou	
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		23410.07	Disbursem 2016	ent For: Primary General
Tel Election for Office Sought	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	1040.18
(a) SUBTOTAL of Unitemized Independent Expenditur	res			
(-,				7 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	Electronically File	odl	M = M	/ D D / Y D Y D Y
Signature		Date	e 12	02 2016

PAGE 17 OF 29 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MI Planned Parenthood Votes C00568931 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mission Control 10 24 2016 Mailing Address 1901 N. Fort Meyer Amount St. 1105 City State Zip Code 564.08 22209 Transaction ID: SE.4222 Arlington VA Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 006 10 23 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 24569.38 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mission Control 2016 25 10 Mailing Address 1901 N. Fort Meyer Amount St. 1105 890.40 City State Zip Code Arlington Transaction ID: SE.4227 VA 22209 Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 006 24 2016 10 Type Name of Federal Candidate: x Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 25459.78 2016 Per Election for Office Sought Other (specify) ▶ 1454.48 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. McGaughey, Libby, , , [Electronically Filed] 02 2016 Date Signature

PAGE 18 OF 29 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MI Planned Parenthood Votes C00568931 Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Mission Control 10 26 2016 Mailing Address 1901 N. Fort Meyer Amount St. 1105 City State Zip Code 558.00 22209 Transaction ID: SE.4237 Arlington VA Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 006 10 25 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 30861.65 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mission Control 2016 27 10 Mailing Address 1901 N. Fort Meyer Amount St. 1105 310.73 City State Zip Code Arlington Transaction ID: SE.4244 VA 22209 Date of Disbursement or Obligation Purpose of Expenditure Category/ canvass expense 006 26 2016 10 Type Name of Federal Candidate: x Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 34567.85 2016 Per Election for Office Sought Other (specify) ▶ 868.73 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. McGaughey, Libby, , , [Electronically Filed] 02 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MI Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼
				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item C	Pate of Public Distribution/Dissemination
Mission Control				10 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 N. Fort Meyer				mount
St. 1105				inount
City	State	Zip Code		510.75
Arlington	VA	22209		Transaction ID : SE.4252 Date of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 006	5	10 27 2016
Name of Federal Candidate:		X Support	Office S	Sought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose		resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	39439.67	Disburs 2016	ement For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
Mission Control		Iviemo	item -	M M / D D / Y Y Y Y
Mailing Address 1001 N. Fort Mayor				10 29 2016
1901 N. Fort Meyer St. 1105			Δ.	mount
City	State	Zip Code		497.25
Arlington	VA	22209		Transaction ID : SE.4261 Date of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 006		10 28 7 2016
Name of Federal Candidate:		x Support	Office S	Sought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X P	resident Senate State:
Calendar Year-To-Date		64709.01		ement For: Primary X General
Per Election for Office Sought	7-1-1-7-	04703.01	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [1008.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
McGaughey, Libby, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	<u> Биси опишну Г</u> Ш	Date	12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MI Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼
				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mission Control				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 N. Fort Meyer				mount
St. 1105				mount
City	State	Zip Code		457.20
Arlington	VA	22209		ransaction ID : SE.4268 late of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 006		10 29 / 2016
Name of Federal Candidate:		Support	Office S	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	69623.84	Disburse 2016	ement For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item D	rate of Public Distribution/Dissemination
Mission Control				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 N. Fort Meyer				11 01 2010
St. 1105			A	mount
City	State	Zip Code		1034.48
Arlington	VA	22209		Fransaction ID : SE.4273 late of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		10 31 / 2016
Name of Federal Candidate:		x Support	Office S	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pr	resident Senate State:
Calendar Year-To-Date		73265.42		ement For: Primary X General
Per Election for Office Sought	7 7	70200.42	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	1491.68
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
McGaughey, Libby, , ,	[Electronically Fil	adl	M = M	/ D D / Y T Y T Y
Signature	пиши Ги	Date	12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Moxie Media, Inc				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084			Amo	unt
City	State	Zip Code		20217.90
Seattle	WA	98112-0084		saction ID : SE.4256 of Disbursement or Obligation
Purpose of Expenditure mail		Category/ Type		10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	60252.80	Disburseme	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Moxie Media, Inc				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084			Amo	unt
			Allio	
City Seattle	State	Zip Code	Trai	446.40 nsaction ID : SE.4275
	WA	98112-0084		of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	73711.82	Disburseme	ent For: Primary
<u> </u>				
(a) SUBTOTAL of Itemized Independent Expenditures .			· • [20664.30
(a) CURTOTAL of Unitemized Independent Europeditus				
(a) SUBTOTAL of Unitemized Independent Expenditure	3 5		•	
(a) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
McGaughey, Libby, , ,	Electronically Fil	ed]	M = M /	0 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	12	02 2016

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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				
				C C00568931
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
Full Name of Payee Moxie Media, Inc		☐ Memo	Item Date	of Public Distribution/Dissemination
				11 02 7 2016
Mailing Address P.O. Box 30084			Amou	nt
City	State	Zip Code	— Г	675.00
Seattle	WA	98112-0084		action ID : SE.4280 of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		11
Name of Federal Candidate:		X Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought	7	79504.50	Disbursemer 2016	ther (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Moxie Media, Inc			_ N	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084			Amou	nt
City	State	Zip Code	— I I I	629.10
Seattle	WA	98112-0084	Trans	saction ID : SE.4285 of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	85830.64	Disbursemer 2016	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1304.10
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
McGaughey, Libby, , ,	Electronically Fil	led]	M M /	02 / 7 7 7 7 7
Signature	3	Date	12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MI Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼
				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	Date of Public Distribution/Dissemination
Moxie Media, Inc				11 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084			Д	mount
City	State	Zip Code		779.63
Seattle	WA	98112-0084		Transaction ID : SE.4290 Date of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	Sought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	l	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	92500.43	Disburse 2016	ement For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	Date of Public Distribution/Dissemination
Moxie Media, Inc				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084				11 00 2010
1 .O. BOX 00004			Α	mount
City	State	Zip Code		708.53
Seattle	WA	98112-0084		Transaction ID : SE.4295 Date of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		11 04 2016
Name of Federal Candidate:		x Support	Office S	Sought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X P	resident Senate State:
Calendar Year-To-Date		99388.80	l	ement For: Primary X General
Per Election for Office Sought	7 7	33300.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		• [1488.16
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
McGaughey, Libby, , ,	[Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	Leconomicumy I'll	_ Date	12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Moxie Media, Inc				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address P.O. Box 30084			Ar	11 06 2016 nount
City	State	Zip Code	— Г	725.85
Seattle	WA	98112-0084	Tr	ansaction ID : SE.4300
Purpose of Expenditure canvass expense		Category/ Type	Da	ate of Disbursement or Obligation 11 05 2016
Name of Federal Candidate:			0" 0	
CLINTON, HILLARY RODHAM, , ,		Support Oppose	Office So	
		Oppose	X Pre	
Calendar Year-To-Date Per Election for Office Sought	T 1 1 T	107448.21	2016	ment For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Moxie Media, Inc				11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084				
			Ar	nount
City	State	Zip Code		446.63
Seattle	WA	98112-0084		ransaction ID : SE.4305 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
canvass expense		Type		11 06 2016
Name of Federal Candidate:		x Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		444004.00	Disburse	ment For: Primary X General
Per Election for Office Sought	7-1-1-1	111081.32	2016	Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures				1172.48
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
/ · === · · · · · · · · · · · · · · · ·				
(a) TOTAL Independent Expenditures			• L	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
McGaughey, Libby, , ,	Electronically Fil	odl	M = M	/ D D / Y Y Y Y Y
Signature	ъжиопиши Ги	Date	12	02 2016

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				
				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Moxie Mediá, Inc				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 30084				11 08 2016
				Amount
City	State	Zip Code		778.73
Seattle	WA	98112-0084		Transaction ID : SE.4310 Date of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		11 / 07 / 2016
Name of Federal Candidate:		X Support	Office	Sought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	119548.95	Disbu 2016	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Itom	Date of Public Distribution/Dissemination
Moxie Media, Inc		□ Iviemo	item	M M / D D / Y Y Y
Mailing Address B C Barrage 4				11 08 2016
P.O. Box 30084				Amount
City	State	Zip Code		441.68
Seattle	WA	98112-0084		Transaction ID : SE.4314 Date of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
canvass expense		Type		11 08 2016
Name of Federal Candidate:		x Support	Office	Sought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	×	President Senate State: MI
Calendar Year-To-Date		12125.44	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7-1-1-1	12125.44	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1220.41
(a) SUBTOTAL of Unitemized Independent Expenditure	es			
(a) TOTAL Independent Expenditures				
(,				
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
McGaughey, Libby, , ,	Electronically Fil	ed]	M	M / D D / Y Y Y Y
Signature		Date	e 12	2 02 2016

TEMIZED INDEPENDENT EXPENDITORES				PAGE 26 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Advocates of Michigan	aan	☐ Memo	Item Da	ate of Public Distribution/Dissemination
				10 21 2016
Mailing Address P.O. Box 15041			Ar	nount
City	State	Zip Code		1785.69
Lansing	MI	48901		ransaction ID : SE.4202 ate of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 001		10 20 7 2016
Name of Federal Candidate:		X Support	Office Sc	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	13663.62	Disburse 2016	ment For:
Full Name of Payee	ahiaan	☐ Memo	Item Da	ate of Public Distribution/Dissemination
Planned Parenthood Advocates of Mi	chigan			10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 15041			Λ	nount
				nount
City	State	Zip Code		595.23
Lansing	MI	48901		ransaction ID : SE.4210 ate of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type		10 / 21 / 2016
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought		18838.17	Disburse 2016	ment For: Primary
, , , , , , , , , , , , , , , , , , ,	1			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				2380.92
(a) SUBTOTAL of Unitemized Independent Expenditure	es			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
McGaughey, Libby, , ,	Electronically File	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 12	02 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Advocates of Michig	gan	☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address P.O. Box 15041			Amo	23 2016 2011 2011 2011 2011 2011 2011 2011
		I		
City	State	Zip Code 48901	Tra	595.23 nsaction ID : SE.4217
Lansing	MI	40901		e of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 001		10 / 22 / Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Pres	ident Senate State:
Calendar Year-To-Date Per Election for Office Sought		24005.30	Disbursem	
				Other (specify)
Full Name of Payee Planned Parenthood Advocates of Mi	chigan	∐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address P.O. Box 15041			Amo	ount
City	State	Zip Code	$ \Gamma$	595.23
Lansing	МІ	48901	I	insaction ID : SE.4229 e of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 001		10 24 7 2016
Name of Federal Candidate:		x Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	26055.01	Disbursem 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	1190.46
/. 				
(a) SUBTOTAL of Unitemized Independent Expenditure	es		>	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
McGaughey, Libby, , ,	Electronically Fil	adl	M = M	/ D D / Y Y Y Y Y
Signature	ькси описану F II	eaj Date	12	02 2016

TIEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes				
				C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee Planned Parenthood Advocates of Michi	gan	☐ Memo		Public Distribution/Dissemination
Mailing Address B.O. Roy 15041			10	26 7 2016
P.O. Box 15041			Amount	
City	State	Zip Code	 :::	595.23
Lansing	MI	48901		ion ID : SE.4239 Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 001	M	M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	31456.88	Disbursement Fo	or: Primary X General r (specify) ▶
Full Name of Payee		Memo	1	Public Distribution/Dissemination
Planned Parenthood Advocates of M	ichigan		M 10	M / D D / Y Y Y Y
Mailing Address P.O. Box 15041				
7.00.237.100.1			Amount	
City	State	Zip Code	 :::	595.23
Lansing	MI	48901	I	tion ID : SE.4246 Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 001	10	M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		35163.08	Disbursement Fo	_ , _
To be a second to the second t	T		Othe	r (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			·	1190.46
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) 002 10 11 2 or or normal masporation and				7
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
McGaughey, Libby, , ,	[Electronically File	[ed] Date	M M / D	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			ا لتنا	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 29
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MI Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼
				C C00568931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Advocates of Michi	igon	☐ Memo	Item Da	ate of Public Distribution/Dissemination
Figure Farentinood Advocates of Wilchi	ıyarı			10 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 15041			Ar	nount
City	State	Zip Code		595.23
Lansing	MI	48901		ransaction ID : SE.4254 ate of Disbursement or Obligation
Purpose of Expenditure canvass expense		Category/ Type 001		10 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	40034.90	Disburse 2016	ment For:
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Planned Parenthood Advocates of M	ichigan	meme		M = M / D = D / Y = Y = Y
Mailing Address D. Dawaffold				10 29 2016
P.O. Box 15041			Ar	nount
City	State	Zip Code	———————————————————————————————————————	595.23
Lansing	MI	48901		ransaction ID : SE.4263 ate of Disbursement or Obligation
Purpose of Expenditure Category/ Canvass expense Category/				M = M / D = D / Y = Y = Y
canvass expense		Type 001		10 28 2016
Name of Federal Candidate:		x Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		65304.24		ment For: Primary 🕱 General
Per Election for Office Sought	7 7	000 1.21	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3			1190.46
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	131674.39
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
McGaughey, Libby, , ,	[Electronically Fil	led]	M = M	/ D D / Y Y Y Y Y
Signature	при применя при применения примен	_ Date	12	02 2016